

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

HCR Manor Care PAC

ADDRESS (number and street)

333 North Summit Street

16th Floor

☐Check if different
than previously
reported. (ACC)

Toledo

OH

43604

2617

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00260141

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☒January 31
Quarterly Report(YE)☐July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

1 1

2 3

2 0 1 0

through

1 2

3 1

2 0 1 0

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Mr. Adam Swartz

Signature of Treasurer

Electronically Filed by Mr. Adam Swartz

Date

0 1

1 7

2 0 1 1

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

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Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2010	31882.17
(b) Cash on Hand at Beginning of Reporting Period	13945.25	
(c) Total Receipts (from Line 19)	18318.22	221402.16
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	32263.47	253284.33
7. Total Disbursements (from Line 31)	1.60	221022.46
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32261.87	32261.87
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

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Write or Type Committee Name
HCR Manor Care PAC

Report Covering the Period:

From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	1	0

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	16853.76	178151.54
(ii) Unitemized	1462.97	42091.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	18316.73	220243.32
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	18316.73	220243.32
12. Transfers From Affiliated/Other Party Committees	0.00	629.73
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	500.00
17. Other Federal Receipts (Dividends, Interest, etc.)	1.49	29.11
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	18318.22	221402.16
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	18318.22	221402.16

DETAILED SUMMARY PAGE

of Disbursements

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FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:			
(a) Shared Federal/Non-Federal Activity (from Schedule H4)			
(i) Federal Share.....	0.00	0.00	
(ii) Non-Federal Share.....	0.00	0.00	
(b) Other Federal Operating Expenditures.....	1.60	477.46	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	1.60	477.46	
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00	
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	166400.00	
24. Independent Expenditure (use Schedule E)	0.00	0.00	
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00	
26. Loan Repayments Made.....	0.00	0.00	
27. Loans Made.....	0.00	0.00	
28. Refunds of Contributions To:			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00	
(b) Political Party Committees	0.00	0.00	
(c) Other Political Committees (such as PACs)	0.00	0.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	0.00	
29. Other Disbursements.....	0.00	54145.00	
30. Federal Election Activity (2 U.S.C 431(20))			
(a) Shared Federal Election Activity (from Schedule H6)			
(i) Federal Share	0.00	0.00	
(ii) "Levin" Share	0.00	0.00	
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00	
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00	
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	1.60	221022.46	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1.60	221022.46	

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3)	18316.73	220243.32
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18316.73	220243.32
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	1.60	477.46
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	1.60	477.46

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Charlean Adams

Mailing Address 219 Evergreen Ln

City

Twin Lakes

State

WI

Zip Code

53181

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1081.30

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33329

Amount of Each Receipt this Period

88.00

Bi-Weekly Payroll Deducti-
on - 44

B.

Full Name (Last, First, Middle Initial)

Larry M Allen

Mailing Address P.O. Box 916

City

Greenwood

State

IN

Zip Code

46142

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33331

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

Martin D Allen

Mailing Address 7151 Whispering Oak

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP / Dir Internal Aud & Risk

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33332

Amount of Each Receipt this Period

225.00

Bi-Weekly Payroll Deducti-
on - 75

SUBTOTAL of Receipts This Page (optional)

343.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

William P Amoureux

Mailing Address 7700 E Edison St

City

Tucson

State

AZ

Zip Code

85715

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33333

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Michael Armstrong

Mailing Address 115 N. Remington Rd.

City

Bexley

State

OH

Zip Code

43209

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

622.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33334

Amount of Each Receipt this Period

49.80

Bi-Weekly Payroll Deducti-
on - 24.90

C.

Full Name (Last, First, Middle Initial)

Deborah A Arrendale

Mailing Address 7100 Sunshine Skyway Lane South
#401

City

St. Petersburg

State

FL

Zip Code

33711

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

4H East Div. General Mgr.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1763.09

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33335

Amount of Each Receipt this Period

183.96

Bi-Weekly Payroll Deducti-
on - 61.32

SUBTOTAL of Receipts This Page (optional)

253.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 8 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Matthew Baad

Mailing Address 528 Bonnie Circle

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33336

Amount of Each Receipt this Period

24.00

Bi-Weekly Payroll Deducti-
on - 12

B.

Full Name (Last, First, Middle Initial)

Terri Ballesteros

Mailing Address 4230 Durado Court

City

Placerville

State

CA

Zip Code

95667

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33338

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 15

C.

Full Name (Last, First, Middle Initial)

Rebecca Snyder Band

Mailing Address 1422n Goblet Ave

City

Mt. Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.41

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33339

Amount of Each Receipt this Period

27.66

Bi-Weekly Payroll Deducti-
on - 9.22

SUBTOTAL of Receipts This Page (optional)

81.66

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 9 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Tammy Barker

Mailing Address 4521 Sutton Rd

City

Britton

State

MI

Zip Code

49229

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

AVP - Quality Support Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1016.69

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33340

Amount of Each Receipt this Period

160.53

Bi-Weekly Payroll Deducti-
on - 53.51

B.

Full Name (Last, First, Middle Initial)

L Jennifer Baron

Mailing Address 557 Jefferson St.

City

Pittsburgh

State

PA

Zip Code

15237

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

390.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33342

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

C.

Full Name (Last, First, Middle Initial)

Suzanne L Baron

Mailing Address 134 Lakeshore Dr. #414

City

North Palm Beach

State

FL

Zip Code

33408

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

415.32

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33343

Amount of Each Receipt this Period

30.76

Bi-Weekly Payroll Deducti-
on - 15.38

SUBTOTAL of Receipts This Page (optional)

236.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 10 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Joseph A Barrick

Mailing Address 448 Woodcrest Dr

City

Mechanicsburg

State

PA

Zip Code

17050

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

688.11

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33344

Amount of Each Receipt this Period

83.07

Bi-Weekly Payroll Deducti-
on - 27.69

B.

Full Name (Last, First, Middle Initial)

Charles Batchner

Mailing Address 910 Orchard Drive

City

Rossford

State

OH

Zip Code

43460

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director - Dementia Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

771.59

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33345

Amount of Each Receipt this Period

121.83

Bi-Weekly Payroll Deducti-
on - 40.61

C.

Full Name (Last, First, Middle Initial)

Theresa A Becher

Mailing Address 17 Union Street

City

Tremont

State

PA

Zip Code

17981

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

ADNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33346

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

SUBTOTAL of Receipts This Page (optional)

234.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 11 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Julie A Beckert

Mailing Address 3911 Buell Ave

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir. Marketing/Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1049.18

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33347

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Deducti-
on - 40

B.

Full Name (Last, First, Middle Initial)

Jean Tina Blahofski

Mailing Address 4266 Weston Dr

City

Weston Lakes

State

TX

Zip Code

77441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

570.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33350

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

C.

Full Name (Last, First, Middle Initial)

Ruby G Boice

Mailing Address 10445 Dexter Drive E

City

Jacksonville

State

FL

Zip Code

32218

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director Reg. Business Office Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

345.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33351

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

SUBTOTAL of Receipts This Page (optional)

240.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER: PAGE 12 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

James R Bolton

Mailing Address 2209 Bayward Blvd

City

Wilmington

State

DE

Zip Code

19802

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

605.70

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33352

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Lori Bott

Mailing Address 558 Grass Lake Road

City

Coldwater

State

MI

Zip Code

49036

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33353

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

Ms Judy L Bowes

Mailing Address 2909 Maplewood PI

City

Alexandria

State

VA

Zip Code

22302

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

346.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33354

Amount of Each Receipt this Period

57.70

Bi-Weekly Payroll Deducti-
on - 28.85

SUBTOTAL of Receipts This Page (optional)

137.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Pamella S Britt

Mailing Address 27135 State Rt 49

City

Potomac

State

IL

Zip Code

61865

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1180.76

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33355

Amount of Each Receipt this Period

100.00

Bi-Weekly Payroll Deducti-
on - 50

B.

Full Name (Last, First, Middle Initial)

Lorna M Brown

Mailing Address 410 E. Court Street

City

Cambridge

State

IL

Zip Code

61238

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33356

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 15

C.

Full Name (Last, First, Middle Initial)

Stacy Bullock

Mailing Address 10453 Greenway Ave.

City

Englewood

State

FL

Zip Code

34224

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Admissions Director

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.24

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33358

Amount of Each Receipt this Period

22.70

Bi-Weekly Payroll Deducti-
on - 11.35

SUBTOTAL of Receipts This Page (optional)

152.70

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

David Burke

Mailing Address 425 Kingwood Rd

City

Linthicum Heights

State

MD

Zip Code

21090

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33359

Amount of Each Receipt this Period

115.38

Bi-Weekly Payroll Deducti-
on - 38.46

B.

Full Name (Last, First, Middle Initial)

Candace Burks-McCoy

Mailing Address 601 N. Shore Dr

City

Cisco

State

TX

Zip Code

76437

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Senior Manager Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

764.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33360

Amount of Each Receipt this Period

93.00

Bi-Weekly Payroll Deducti-
on - 31

C.

Full Name (Last, First, Middle Initial)

Charlie F Byrne

Mailing Address 3880 82nd Ave Cir E 106

City

Sarasota

State

FL

Zip Code

34243

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

874.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33362

Amount of Each Receipt this Period

138.00

Bi-Weekly Payroll Deducti-
on - 46

SUBTOTAL of Receipts This Page (optional)

346.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Shirley D Cabildo

Mailing Address 38 Bentley Court

City

Bedminster

State

NJ

Zip Code

07921

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

999.96

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33363

Amount of Each Receipt this Period

115.38

Bi-Weekly Payroll Deducti-
on - 38.46

B.

Full Name (Last, First, Middle Initial)

Javier Cavero

Mailing Address 3077 N. Oakland Forest Dr. #202

City

Oakland Park

State

FL

Zip Code

33309

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

391.25

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33365

Amount of Each Receipt this Period

47.49

Bi-Weekly Payroll Deducti-
on - 15.83

C.

Full Name (Last, First, Middle Initial)

Mr. William Chenevert

Mailing Address 2018 N. Rosemary

City

Tucson

State

AZ

Zip Code

85716

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33367

Amount of Each Receipt this Period

576.87

Bi-Weekly Payroll Deducti-
on - 192.25

SUBTOTAL of Receipts This Page (optional)

739.74

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Gaye Chrobak

Mailing Address 8005 Jacques Dr

City

Jacksonville

State

FL

Zip Code

32210

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

313.36

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33368

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Ashton P Clark

Mailing Address 500 Marlin Ave.

City

Royal Oak

State

MI

Zip Code

48067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.42

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33369

Amount of Each Receipt this Period

21.50

Bi-Weekly Payroll Deducti-
on - 10.75

C.

Full Name (Last, First, Middle Initial)

Karen R Clark

Mailing Address 1129 West Hunter

City

Nevada

State

MO

Zip Code

64772

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

560.97

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33370

Amount of Each Receipt this Period

43.26

Bi-Weekly Payroll Deducti-
on - 21.63

SUBTOTAL of Receipts This Page (optional)

94.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 17 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lenette A Clark

Mailing Address 1259 Tower Court

City

Bourbannais

State

IL

Zip Code

60914

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

887.50

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33371

Amount of Each Receipt this Period

103.95

Bi-Weekly Payroll Deducti-
on - 34.65

B.

Full Name (Last, First, Middle Initial)

Christine M Conner

Mailing Address 61 Panoramic Way

City

Walnut Creek

State

CA

Zip Code

94595

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Director of Nursing

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33372

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

William V Coury

Mailing Address 1640 Fairway Place Ln

City

Mt. Pleasant

State

SC

Zip Code

29464

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

239.68

Date of Receipt

M M / D D / Y Y Y Y Y
 1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33373

Amount of Each Receipt this Period

34.24

Bi-Weekly Payroll Deducti-
on - 17.12

SUBTOTAL of Receipts This Page (optional)

158.19

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lynn Creighton

Mailing Address 200 Commonwealth Dr.

City

Bolingbrook

State

IL

Zip Code

60440

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

404.56

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33374

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

B.

Full Name (Last, First, Middle Initial)

Victoria A Crenshaw

Mailing Address 736 Virginia Dare Dr

City

Virginia Beach

State

VA

Zip Code

23451

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

995.18

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33375

Amount of Each Receipt this Period

175.62

Bi-Weekly Payroll Deducti-
on - 58.54

C.

Full Name (Last, First, Middle Initial)

Johanna J Crowder

Mailing Address 31524 Delaware

City

Livonia

State

MI

Zip Code

48150

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

923.82

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33376

Amount of Each Receipt this Period

115.38

Bi-Weekly Payroll Deducti-
on - 38.46

SUBTOTAL of Receipts This Page (optional)

336.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Deborah Cszaszar

Mailing Address 3715 Spear St.

City

Bethlehem

State

PA

Zip Code

18020

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Managed Care Consultant - Eastern

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33377

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Karen L Davidson

Mailing Address 612 W. Magnolia

City

Pana

State

IL

Zip Code

62557

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1435.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33379

Amount of Each Receipt this Period

168.00

Bi-Weekly Payroll Deducti-
on - 56

C.

Full Name (Last, First, Middle Initial)

Ms. Patricia Delany

Mailing Address 200 Yardley Rd

City

Delran

State

NJ

Zip Code

08075

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Admin DON Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.32

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33381

Amount of Each Receipt this Period

35.76

Bi-Weekly Payroll Deducti-
on - 17.88

SUBTOTAL of Receipts This Page (optional)

233.76

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 20 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Kathleen Dell

Mailing Address 5750 Belle Avenue

City

Davenport

State

IA

Zip Code

52807

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Rehab Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33382

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

B.

Full Name (Last, First, Middle Initial)

Gurprit Dhaliwal

Mailing Address 21744 Calle Girasol

City

Temecula

State

CA

Zip Code

92591

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33384

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 15

C.

Full Name (Last, First, Middle Initial)

Janet E Diehl

Mailing Address 3903 BARBARA ANN DRIVE

City

MONROEVILLE

State

PA

Zip Code

15146

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Dir of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1289.37

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33385

Amount of Each Receipt this Period

138.87

Bi-Weekly Payroll Deducti-
on - 46.29

SUBTOTAL of Receipts This Page (optional)

213.87

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

David K Donin

Mailing Address 11608 Everglade Court

City

North Potomac

State

MD

Zip Code

20878

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

547.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33386

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 30

B.

Full Name (Last, First, Middle Initial)

Lisa J Dorrin

Mailing Address 513 Oak Grove Road

City

Swedesboro

State

NJ

Zip Code

08085

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Admin Director of Nursing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

228.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33387

Amount of Each Receipt this Period

57.03

Bi-Weekly Payroll Deducti-
on - 19.01

C.

Full Name (Last, First, Middle Initial)

Ms. Jennifer Dudd

Mailing Address 5313 Selago Dr

City

Keller

State

TX

Zip Code

76244

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33388

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

SUBTOTAL of Receipts This Page (optional)

177.03

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 22 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Nancy Edwards

Mailing Address 9261 Lerwick Dr

City

Dublin

State

OH

Zip Code

43017

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

General Manager, Central Division

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

4807.69

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.33389

Amount of Each Receipt this Period

576.93

Bi-Weekly Payroll Deducti-
on - 192.31**B.**

Full Name (Last, First, Middle Initial)

Mr. John Ehle

Mailing Address 14400 Michaux View Way

City

Midlothian

State

VA

Zip Code

23113

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

388.31

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	9	/	2	0	1	0

Transaction ID: SA11AI.33390

Amount of Each Receipt this Period

59.74

Bi-Weekly Payroll Deducti-
on - 29.87**C.**

Full Name (Last, First, Middle Initial)

Linda J Emmett

Mailing Address 10408 Meadowlark Ct. East

City

Bonney Lake

State

WA

Zip Code

98391

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operations

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	2	2	/	2	0	1	0

Transaction ID: SA11AI.33393

Amount of Each Receipt this Period

90.00

Bi-Weekly Payroll Deducti-
on - 30

SUBTOTAL of Receipts This Page (optional)

726.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sara M Fielding-Russell

Mailing Address 3601 Hawthorne Dr

City

Richfield

State

OH

Zip Code

44286

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

497.61

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33395

Amount of Each Receipt this Period

78.57

Bi-Weekly Payroll Deducti-
on - 26.19

B.

Full Name (Last, First, Middle Initial)

Suzanne L Fisher

Mailing Address 1504 Old Bernville Road

City

Leesport

State

PA

Zip Code

19533

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Admin Director of Nursing Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

230.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33397

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

Karen L Forrest

Mailing Address 3115 Wynstone Dr

City

Quincy

State

IL

Zip Code

62305

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1407.28

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33399

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Deducti-
on - 50

SUBTOTAL of Receipts This Page (optional)

258.57

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 24 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jamie Fox

Mailing Address 858 Sunset Lane

City

Telford

State

PA

Zip Code

18969

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

589.93

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33401

Amount of Each Receipt this Period

69.24

Bi-Weekly Payroll Deducti-
on - 23.08

B.

Full Name (Last, First, Middle Initial)

Joey Frengel

Mailing Address 428 Bryant Dr

City

Pittsburgh

State

PA

Zip Code

15235

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33402

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

George Frill

Mailing Address 2006 Hale Ct

City

Wyomiseing

State

PA

Zip Code

19610

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator - Laureldale

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

611.73

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33403

Amount of Each Receipt this Period

70.77

Bi-Weekly Payroll Deducti-
on - 23.59

SUBTOTAL of Receipts This Page (optional)

170.01

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sally A Gates

Mailing Address 2011 20Th Ln

City

Palm Beach Gardens

State

FL

Zip Code

33418

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

352.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33407

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20**B.**

Full Name (Last, First, Middle Initial)

Mr. Gary T. Geise

Mailing Address 28561 Woodland Ave

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Reimbursement

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

1040.82

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33408

Amount of Each Receipt this Period

141.93

Bi-Weekly Payroll Deducti-
on - 47.31**C.**

Full Name (Last, First, Middle Initial)

Delbert E Gilman

Mailing Address 18600 E Wilshire

City

Jones

State

OK

Zip Code

73049

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐

Primary

☐

General

☐

Other (specify) ▼

Aggregate Year-to-Date ▼

437.15

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33409

Amount of Each Receipt this Period

11.55

Bi-Weekly Payroll Deducti-
on - 3.85

SUBTOTAL of Receipts This Page (optional)

213.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Neal Glein

Mailing Address 1224 West VanBuren St #318

City

Chicago

State

IL

Zip Code

60607

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

389.34

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33411

Amount of Each Receipt this Period

43.26

Bi-Weekly Payroll Deducti-
on - 21.63

B.

Full Name (Last, First, Middle Initial)

Holly L Gonzales

Mailing Address 128 Porter St

City

Easton

State

PA

Zip Code

18042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Admissions Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.41

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33414

Amount of Each Receipt this Period

24.57

Bi-Weekly Payroll Deducti-
on - 8.19

C.

Full Name (Last, First, Middle Initial)

Mr. Leonard Grabijas

Mailing Address 2682 Ravine Side North

City

Howell

State

MI

Zip Code

48843

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

VP Sales & Mktng

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1140.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33416

Amount of Each Receipt this Period

171.00

Bi-Weekly Payroll Deducti-
on - 57

SUBTOTAL of Receipts This Page (optional)

238.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

James Grady

Mailing Address 1311 Old Taylor Trail

City

Goshen

State

KY

Zip Code

40026

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1411.03

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33417

Amount of Each Receipt this Period

171.00

Bi-Weekly Payroll Deducti-
on - 57

B.

Full Name (Last, First, Middle Initial)

Ruth G Graziano

Mailing Address 503 Elk Mills Road

City

Oxford

State

PA

Zip Code

19363

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1665.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33418

Amount of Each Receipt this Period

195.00

Bi-Weekly Payroll Deducti-
on - 65

C.

Full Name (Last, First, Middle Initial)

Brian Gross

Mailing Address 1392 Lucerne Dr

City

Crystal Lake

State

IL

Zip Code

60014

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33422

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

SUBTOTAL of Receipts This Page (optional)

411.00

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jill L Hale

Mailing Address 366 Burlington Rd

City

Jackson

State

OH

Zip Code

45640

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33425

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20**B.**

Full Name (Last, First, Middle Initial)

Ms Gayla M Haley

Mailing Address 239 County Rd

City

Tenaha

State

TX

Zip Code

75974

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, LLC

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

287.65

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	1	0

Transaction ID: SA11AI.33426

Amount of Each Receipt this Period

52.30

Bi-Weekly Payroll Deducti-
on - 26.15**C.**

Full Name (Last, First, Middle Initial)

Mr. Jeffrey Harris

Mailing Address 25536 Seminary Rd

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

AVP Dir of Tech Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33428

Amount of Each Receipt this Period

120.00

Bi-Weekly Payroll Deducti-
on - 40

SUBTOTAL of Receipts This Page (optional)

232.30

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 29 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen Harris

Mailing Address 8250 SW 8th St

City

North Lauderdale

State

FL

Zip Code

33068

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Assistant Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

702.53

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33429

Amount of Each Receipt this Period

85.65

Bi-Weekly Payroll Deducti-
on - 28.55

B.

Full Name (Last, First, Middle Initial)

Mr. Alan Hash

Mailing Address 9496 South Dunbar Circle

City

South Jordan

State

UT

Zip Code

84095

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director - Western Division 5

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1453.80

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33430

Amount of Each Receipt this Period

173.07

Bi-Weekly Payroll Deducti-
on - 57.69

C.

Full Name (Last, First, Middle Initial)

Tammy R Hempfling

Mailing Address 301 Broadhead

City

Midland

State

MI

Zip Code

40642

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

498.61

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 3 0 / 2 0 1 0

Transaction ID: SA11AI.33432

Amount of Each Receipt this Period

45.08

Bi-Weekly Payroll Deducti-
on - 22.54

SUBTOTAL of Receipts This Page (optional)

303.80

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 30 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jennifer Hennessy

Mailing Address 2808 East 3700

City

North Layton

State

UT

Zip Code

84040

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33433

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Kevin C Henricks

Mailing Address 23636 W. Chicago St. Unit 102

City

Plainfield

State

IL

Zip Code

60544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

980.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33434

Amount of Each Receipt this Period

147.00

Bi-Weekly Payroll Deducti-
on - 49

C.

Full Name (Last, First, Middle Initial)

Donnett H Henry

Mailing Address 7531 Plantation

City

Mirimar

State

FL

Zip Code

33023

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

449.13

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33435

Amount of Each Receipt this Period

54.45

Bi-Weekly Payroll Deducti-
on - 18.15

SUBTOTAL of Receipts This Page (optional)

221.45

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 31 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Elizabeth B. Hill

Mailing Address 1285 Sunhill Drive

City

Lawrenceville

State

GA

Zip Code

30043

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33437

Amount of Each Receipt this Period

35.00

Bi-Weekly Payroll Deducti-
on - 17.50

B.

Full Name (Last, First, Middle Initial)

Mr. Paul E. Hoffman

Mailing Address 4829 Rhone Drive

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Ops Support - Midstates

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

226.65

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33439

Amount of Each Receipt this Period

15.00

Bi-Weekly Payroll Deducti-
on - 5

C.

Full Name (Last, First, Middle Initial)

Rodger J Hogan

Mailing Address 101 Mercury Way

City

Pleasant Hill

State

CA

Zip Code

94523

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33441

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 10

SUBTOTAL of Receipts This Page (optional)

70.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 32 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sharon R Holmes

Mailing Address 3207 N. 27th St.

City

Tacoma

State

WA

Zip Code

98407

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator in Training

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

578.80

Date of Receipt

M M / D D / Y Y Y Y
1 1 / 2 4 / 2 0 1 0

Transaction ID: SA11AI.33443

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Lynn M Hood

Mailing Address 15415 Meadow Wood Dr

City

Wellington

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Asst General Mgr

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33444

Amount of Each Receipt this Period

270.00

Bi-Weekly Payroll Deducti-
on - 90

C.

Full Name (Last, First, Middle Initial)

Mr. Mathew Hossler

Mailing Address 7818 Royal Hampton

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Manager - Engineering

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

335.70

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33445

Amount of Each Receipt this Period

55.95

Bi-Weekly Payroll Deducti-
on - 18.65

SUBTOTAL of Receipts This Page (optional)

375.95

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 33 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Patricia Hudson

Mailing Address 1733 Ashfield Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Reg. Director of 4H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

730.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33447

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Kathleen Hutchison

Mailing Address 2692 Elton Circle

City

Lambertville

State

MI

Zip Code

48144

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director Human Resources Ops Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

460.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33449

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

C.

Full Name (Last, First, Middle Initial)

Mr. Keith Jackson

Mailing Address 3955 Salem Bottom Rd

City

Carroll

State

MD

Zip Code

21157

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 0 1 / 2 0 1 0

Transaction ID: SA11AI.33451

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 20

SUBTOTAL of Receipts This Page (optional)

155.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 34 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ginnette K Johnson

Mailing Address 441 Franklin Street

City

West Reading

State

PA

Zip Code

19611

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33455

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Nicholas B Johnson

Mailing Address 3106 Ashburn Lane

City

Pasadena

State

MD

Zip Code

21122

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Admission Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

249.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33457

Amount of Each Receipt this Period

21.30

Bi-Weekly Payroll Deducti-
on - 10.65

C.

Full Name (Last, First, Middle Initial)

Robert G Julius

Mailing Address 3321 Pelham Rd

City

Ottawa Hills

State

OH

Zip Code

43606

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Mgr. Business Office Process Dev.

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

738.15

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33459

Amount of Each Receipt this Period

90.00

Bi-Weekly Payroll Deducti-
on - 30

SUBTOTAL of Receipts This Page (optional)

141.30

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 35 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Lisa J. Jurski

Mailing Address 1934 Delence Street

City

Toledo

State

OH

Zip Code

43605

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director - Workers Comp

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33460

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20**B.**

Full Name (Last, First, Middle Initial)

Susan M Kalas

Mailing Address 10921 Cortland Ln

City

Huntley

State

IL

Zip Code

60142

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

461.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33461

Amount of Each Receipt this Period

55.89

Bi-Weekly Payroll Deducti-
on - 18.63**C.**

Full Name (Last, First, Middle Initial)

Linda Karling-Lott

Mailing Address 4361 Conwallis Ct

City

Marietta

State

GA

Zip Code

30068

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

685.19

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	9		2	0	1	0

Transaction ID: SA11AI.33462

Amount of Each Receipt this Period

65.50

Bi-Weekly Payroll Deducti-
on - 32.75

SUBTOTAL of Receipts This Page (optional)

181.39

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 36 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mrs. Kathy Karr

Mailing Address 11977 Babbling Brook Rd

City

Noblesville

State

IN

Zip Code

46060

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

432.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33463

Amount of Each Receipt this Period

51.00

Bi-Weekly Payroll Deducti-
on - 17

B.

Full Name (Last, First, Middle Initial)

Courtney L Kasper

Mailing Address 2750 CR 110

City

Georgetown

State

TX

Zip Code

78626

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

332.40

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33464

Amount of Each Receipt this Period

8.00

Bi-Weekly Payroll Deducti-
on - 4

C.

Full Name (Last, First, Middle Initial)

Anthony J Keelin

Mailing Address 2208 26th Avenue^ South

City

Fargo

State

ND

Zip Code

58103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

275.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33466

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

SUBTOTAL of Receipts This Page (optional)

134.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 37 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Vivian Kiraly

Mailing Address 4254 Waterbend Drive West

City State Zip Code
 Maumee OH 43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33468

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Mr. Zach Krumwied

Mailing Address 7931 Buckskin Dr

City State Zip Code
 Indianapolis IN 46250

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

237.50

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33473

Amount of Each Receipt this Period

37.50

Bi-Weekly Payroll Deducti-
on - 12.50

C.

Full Name (Last, First, Middle Initial)

Amy LaFleur

Mailing Address 207 S. Ann Arbor St.

City State Zip Code
 Saline MI 48176

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation
Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

603.84

Date of Receipt

M M / D D / Y Y Y Y
 1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33476

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

SUBTOTAL of Receipts This Page (optional)

187.50

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 38 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Barry A Lazarus

Mailing Address 2629 Liverpool Ct

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Reimbursement

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33479

Amount of Each Receipt this Period

231.00

Bi-Weekly Payroll Deducti-
on - 77

B.

Full Name (Last, First, Middle Initial)

Mr. Elliot Lekawa

Mailing Address 13690 Highland Springs Ct

City

Wichita

State

KS

Zip Code

67235

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33480

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

C.

Full Name (Last, First, Middle Initial)

Deborah Lewis

Mailing Address 2432 21st Street

City

Wyandotte

State

MI

Zip Code

48192

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

840.37

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33482

Amount of Each Receipt this Period

132.69

Bi-Weekly Payroll Deducti-
on - 44.23

SUBTOTAL of Receipts This Page (optional)

423.69

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 39 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Diane Lube

Mailing Address 1830 Essex Pl

City

Downers Grove

State

IL

Zip Code

60516

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33485

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Carrie Lund

Mailing Address 14802 Dunston Place

City

Tampa

State

FL

Zip Code

33618

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Sr. Administrator - Palm Harbor

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1196.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33486

Amount of Each Receipt this Period

138.00

Bi-Weekly Payroll Deducti-
on - 46

C.

Full Name (Last, First, Middle Initial)

Sephania M Marcotullio

Mailing Address 49895 Waterstone Estates Circle

City

Northville

State

MI

Zip Code

48168

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

433.19

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33487

Amount of Each Receipt this Period

34.90

Bi-Weekly Payroll Deducti-
on - 17.45

SUBTOTAL of Receipts This Page (optional)

192.90

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 40 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Barbara Marshall

Mailing Address 26570 Chad Court

City

Hemet

State

CA

Zip Code

92544

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

342.58

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33489

Amount of Each Receipt this Period

38.94

Bi-Weekly Payroll Deducti-
on - 12.98

B.

Full Name (Last, First, Middle Initial)

Laverne M Martin

Mailing Address 8232 Ridge Run Place

City

Mechanicsville

State

PA

Zip Code

23116

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

254.15

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33490

Amount of Each Receipt this Period

39.10

Bi-Weekly Payroll Deducti-
on - 19.55

C.

Full Name (Last, First, Middle Initial)

Anita M Martinez

Mailing Address 909 Gainesway Court

City

Florissant

State

MO

Zip Code

63034

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33491

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

SUBTOTAL of Receipts This Page (optional)

108.04

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 41 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Nancy F Mason

Mailing Address 56 Holden Dr

City

Martinsburg

State

WV

Zip Code

25401

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

319.22

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33493

Amount of Each Receipt this Period

26.92

Bi-Weekly Payroll Deducti-
on - 13.46

B.

Full Name (Last, First, Middle Initial)

Frances Mastel

Mailing Address 1807 Derian Drive

City

Aberdeen

State

SD

Zip Code

57401

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33496

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

C.

Full Name (Last, First, Middle Initial)

Ms. Janet Mastrangelo (Howells)

Mailing Address 266 Crossing Creek North

City

Gahanna

State

OH

Zip Code

43230

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Assistant Vice President of Rehab

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1846.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33497

Amount of Each Receipt this Period

207.69

Bi-Weekly Payroll Deducti-
on - 69.23

SUBTOTAL of Receipts This Page (optional)

279.61

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 42 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jill Matelan

Mailing Address 312 N. Franklin St

City

Fleetwood

State

PA

Zip Code

19522

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc

Occupation

Administrator - Sinking Spring

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

721.39

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33498

Amount of Each Receipt this Period

83.94

Bi-Weekly Payroll Deducti-
on - 27.98**B.**

Full Name (Last, First, Middle Initial)

William J McDaniel II

Mailing Address 3249 Morningdale Dr

City

Mt. Pleasant

State

SC

Zip Code

29466

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

505.79

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33500

Amount of Each Receipt this Period

50.61

Bi-Weekly Payroll Deducti-
on - 16.87**C.**

Full Name (Last, First, Middle Initial)

Douglas R McDermott

Mailing Address 1665 Marlowe Ave.

City

Lakewood

State

OH

Zip Code

44107

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

260.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33501

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

SUBTOTAL of Receipts This Page (optional)

164.55

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 43 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Murry J Mercier

Mailing Address 7110 Oak Bluff Lane

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Dir of Information Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33502

Amount of Each Receipt this Period

576.87

Bi-Weekly Payroll Deducti-
on - 192.25

B.

Full Name (Last, First, Middle Initial)

Ms Sarah Miller

Mailing Address 24648 Panama Ave

City

Warren

State

MI

Zip Code

48091

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

244.26

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33506

Amount of Each Receipt this Period

27.14

Bi-Weekly Payroll Deducti-
on - 13.57

C.

Full Name (Last, First, Middle Initial)

Scott Miller

Mailing Address 198 Old Mill Drive

City

Langhorne

State

PA

Zip Code

19047

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1322.99

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33507

Amount of Each Receipt this Period

154.05

Bi-Weekly Payroll Deducti-
on - 51.35

SUBTOTAL of Receipts This Page (optional)

758.06

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Brooke Moser

Mailing Address 1404 Riverwalk Court

City

Waterville

State

OH

Zip Code

43566

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Marketing Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33510

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

B.

Full Name (Last, First, Middle Initial)

Deborah T Mullane

Mailing Address 808 Latshaw Rd.

City

Spring City

State

PA

Zip Code

19475

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

417.76

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33512

Amount of Each Receipt this Period

49.83

Bi-Weekly Payroll Deducti-
on - 16.61

C.

Full Name (Last, First, Middle Initial)

Melinda K Muller

Mailing Address 1261 Lakeside Drive #1204

City

Sunnyvale

State

CA

Zip Code

94085

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care Inc

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33513

Amount of Each Receipt this Period

70.00

Bi-Weekly Payroll Deducti-
on - 35

SUBTOTAL of Receipts This Page (optional)

149.83

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Kathleen Murdock

Mailing Address 2599 Dolly Bay Dr

City

Palm Harbor

State

FL

Zip Code

34684

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Manager - Marketing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

328.89

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33515

Amount of Each Receipt this Period

51.93

Bi-Weekly Payroll Deducti-
on - 17.31

B.

Full Name (Last, First, Middle Initial)

Kevin Murphy

Mailing Address 6751 Hampsford Circle

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Dir of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

440.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33516

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

Terrance Murphy

Mailing Address 2379 Schaffer Road

City

Pottstown

State

PA

Zip Code

19464

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

705.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33517

Amount of Each Receipt this Period

81.36

Bi-Weekly Payroll Deducti-
on - 27.12

SUBTOTAL of Receipts This Page (optional)

163.29

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 46 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Tom Myers

Mailing Address 24927 Prairie Crossing

City

Perrysburg

State

OH

Zip Code

43551

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Ops Support - Central

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33518

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Ms Joylin Nation

Mailing Address 15985 Voyageurs Place

City

West Palm Beach

State

FL

Zip Code

33414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33519

Amount of Each Receipt this Period

115.38

Bi-Weekly Payroll Deducti-
on - 38.46

C.

Full Name (Last, First, Middle Initial)

David K Nees

Mailing Address 5315 Rymoor Drive

City

Sylvania

State

OH

Zip Code

43560

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Associate General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2339.48

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33520

Amount of Each Receipt this Period

269.94

Bi-Weekly Payroll Deducti-
on - 89.98

SUBTOTAL of Receipts This Page (optional)

460.32

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 47 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Linda Neumann

Mailing Address 28 Roslyn Road

City

Grosse Pointe Shor

State

MI

Zip Code

48236

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Regional Director of Operation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2326.82

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33521

Amount of Each Receipt this Period

230.76

Bi-Weekly Payroll Deducti-
on - 76.92

B.

Full Name (Last, First, Middle Initial)

Nashika T O'Gilvie

Mailing Address 1823 N. Congress Ave

City

West Palm Beach

State

FL

Zip Code

33401

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

252.66

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33524

Amount of Each Receipt this Period

42.99

Bi-Weekly Payroll Deducti-
on - 14.33

C.

Full Name (Last, First, Middle Initial)

Ms Gillian O Donnell

Mailing Address 1019 Victor Dr

City

East Greenville

State

PA

Zip Code

18041

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Admin DON Svcs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

281.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33523

Amount of Each Receipt this Period

44.40

Bi-Weekly Payroll Deducti-
on - 14.80

SUBTOTAL of Receipts This Page (optional)

318.15

TOTAL This Period (last page this line number only)

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 48 / 65

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Leslie Ohm

Mailing Address 12331 South 71st Avenue

City

Palos Heights

State

IL

Zip Code

60463

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1499.94

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33525

Amount of Each Receipt this Period

173.07

Bi-Weekly Payroll Deducti-
on - 57.69**B.**

Full Name (Last, First, Middle Initial)

Mr. Michael Orinoco

Mailing Address 1361 Bobby Lane

City

Westlake

State

OH

Zip Code

44145

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

383.61

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33527

Amount of Each Receipt this Period

60.57

Bi-Weekly Payroll Deducti-
on - 20.19**C.**

Full Name (Last, First, Middle Initial)

Ms. Annette Orłowski

Mailing Address 2664 Heytman Dr

City

Lansing

State

IA

Zip Code

52151

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Director, Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1342.08

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
1	2		2	2		2	0	1	0

Transaction ID: SA11AI.33528

Amount of Each Receipt this Period

194.79

Bi-Weekly Payroll Deducti-
on - 64.93

SUBTOTAL of Receipts This Page (optional)

428.43

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 49 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Brett Ottley

Mailing Address 11240 Messina Way

City

Reno

State

NV

Zip Code

89521

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

597.06

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33529

Amount of Each Receipt this Period

66.34

Bi-Weekly Payroll Deducti-
on - 33.17

B.

Full Name (Last, First, Middle Initial)

Mr. David Parker

Mailing Address 2154 Tremont Road

City

Columbus

State

OH

Zip Code

43212

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

VP Assistant General Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3311.59

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33530

Amount of Each Receipt this Period

389.43

Bi-Weekly Payroll Deducti-
on - 129.81

C.

Full Name (Last, First, Middle Initial)

Richard A Parr II

Mailing Address 2253 Gray Fox Court

City

Ann Arbor

State

MI

Zip Code

48103

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP - General Counsel & Secretary

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33531

Amount of Each Receipt this Period

576.00

Bi-Weekly Payroll Deducti-
on - 192

SUBTOTAL of Receipts This Page (optional)

1031.77

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 50 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Karen K Phelps

Mailing Address 30 Rt. 4, Box 87p

City

Tecumseh

State

OK

Zip Code

74873

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

545.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33533

Amount of Each Receipt this Period

90.00

Bi-Weekly Payroll Deducti-
on - 30

B.

Full Name (Last, First, Middle Initial)

Luke T Pile

Mailing Address 716B Main St

City

Bethlehem

State

PA

Zip Code

18018

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

549.36

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33534

Amount of Each Receipt this Period

69.66

Bi-Weekly Payroll Deducti-
on - 23.22

C.

Full Name (Last, First, Middle Initial)

Clifton J Porter II

Mailing Address 3929 Azalea Circle

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

AVP^ Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1703.37

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33535

Amount of Each Receipt this Period

196.74

Bi-Weekly Payroll Deducti-
on - 65.58

SUBTOTAL of Receipts This Page (optional)

356.40

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 51 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jessica R Rader

Mailing Address 1336 Wicklow Dr

City

York

State

PA

Zip Code

17404

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR. Manor Care, Inc

Occupation

Nurse Liason

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

201.02

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33538

Amount of Each Receipt this Period

31.74

Bi-Weekly Payroll Deducti-
on - 10.58

B.

Full Name (Last, First, Middle Initial)

Michael J Reed

Mailing Address 3899 Midshore Drive

City

Naples

State

FL

Zip Code

34109

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

VP Assisted Living Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4615.38

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33539

Amount of Each Receipt this Period

576.93

Bi-Weekly Payroll Deducti-
on - 192.31

C.

Full Name (Last, First, Middle Initial)

Mr. Stewart Reed

Mailing Address 402 Wesley Dr

City

Salisbury

State

NC

Zip Code

28146

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

RDO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33540

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

SUBTOTAL of Receipts This Page (optional)

683.67

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 52 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Margaret A Reitmeyer

Mailing Address 13 Gregory Drive

City

Kenvil

State

NJ

Zip Code

07847

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

957.86

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33541

Amount of Each Receipt this Period

111.00

Bi-Weekly Payroll Deducti-
on - 37

B.

Full Name (Last, First, Middle Initial)

Deborah A Reitz

Mailing Address 4312 Shangri La Rd.

City

Stewartstown

State

PA

Zip Code

17363

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1162.50

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33542

Amount of Each Receipt this Period

150.00

Bi-Weekly Payroll Deducti-
on - 50

C.

Full Name (Last, First, Middle Initial)

John I Remenar

Mailing Address 2723 Rexton Ridge Rd

City

Toledo

State

OH

Zip Code

43617

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4146.12

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33543

Amount of Each Receipt this Period

565.38

Bi-Weekly Payroll Deducti-
on - 188.46

SUBTOTAL of Receipts This Page (optional)

826.38

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 53 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Sandra S Rice

Mailing Address Rt 4 Box 804

City

Butler

State

MO

Zip Code

64730

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Director of Nursing

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

296.36

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33546

Amount of Each Receipt this Period

24.88

Bi-Weekly Payroll Deducti-
on - 12.44

B.

Full Name (Last, First, Middle Initial)

Patricia B Richards

Mailing Address P.O. Box 754

City

Shady Spring

State

WV

Zip Code

25918

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Area Human Resource Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33547

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

C.

Full Name (Last, First, Middle Initial)

Damian M Rodgers

Mailing Address 4647 Calico Court

City

Monclova

State

OH

Zip Code

43542

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Legal Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

836.00

Date of Receipt

M M / D D / Y Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33548

Amount of Each Receipt this Period

114.00

Bi-Weekly Payroll Deducti-
on - 38

SUBTOTAL of Receipts This Page (optional)

213.88

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 54 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mary Colleen B Rodgers

Mailing Address 5 Jason Ct.

City

Avondale

State

PA

Zip Code

19311

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

235.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33549

Amount of Each Receipt this Period

15.00

Bi-Weekly Payroll Deducti-
on - 5

B.

Full Name (Last, First, Middle Initial)

Lynette M Rugg

Mailing Address 2404 Fernview Circle

City

Island Lake

State

IL

Zip Code

60042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

789.83

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33550

Amount of Each Receipt this Period

84.18

Bi-Weekly Payroll Deducti-
on - 28.06

C.

Full Name (Last, First, Middle Initial)

Richard G Rump

Mailing Address 2423 Heather Glen Dr

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Dir^ Corporate Communication

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.10

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33551

Amount of Each Receipt this Period

161.55

Bi-Weekly Payroll Deducti-
on - 53.85

SUBTOTAL of Receipts This Page (optional)

260.73

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 55 / 65

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Angela G Russo

Mailing Address 4950 Cypress Pike Circle
Unit 101

City State Zip Code
Virginia Beach VA 23455

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation
Gen Mgr Central Div 4H

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1070.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33552

Amount of Each Receipt this Period

93.00

Bi-Weekly Payroll Deducti-
on - 31

B.

Full Name (Last, First, Middle Initial)

David A Saunders

Mailing Address 14661 Bellino Terrace Unit 202

City State Zip Code
Bonita Springs FL 34135

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

659.88

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33555

Amount of Each Receipt this Period

76.14

Bi-Weekly Payroll Deducti-
on - 25.38

C.

Full Name (Last, First, Middle Initial)

Cynthia S Scharp

Mailing Address 1627 N. 1100 E

City State Zip Code
Gilman IL 60938

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation
Sr Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

425.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33556

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deducti-
on - 25

SUBTOTAL of Receipts This Page (optional)

219.14

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Mark Schroepfer

Mailing Address 2328 Bonnie Brae

City

Santa Ana

State

CA

Zip Code

92706

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

575.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33557

Amount of Each Receipt this Period

50.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Mr. Edward Schuch

Mailing Address 304 Adriana Court

City

Northhampton

State

PA

Zip Code

18067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

656.72

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33558

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

C.

Full Name (Last, First, Middle Initial)

Kenneth P Schuster

Mailing Address 2074 Cameo

City

Lewisville

State

TX

Zip Code

75067

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

665.30

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33559

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

SUBTOTAL of Receipts This Page (optional)

200.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 57 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Gregory Seiple

Mailing Address 21 Southgate Dr

City

Lebanon

State

PA

Zip Code

17042

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Senior Consultant Systems

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.82

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33560

Amount of Each Receipt this Period

28.86

Bi-Weekly Payroll Deducti-
on - 9.62

B.

Full Name (Last, First, Middle Initial)

Joyce Louise Smith

Mailing Address 3521 Cedar Creek Court

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

VP^ Clinical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33565

Amount of Each Receipt this Period

184.62

Bi-Weekly Payroll Deducti-
on - 61.54

C.

Full Name (Last, First, Middle Initial)

David W Snyder Jr

Mailing Address 3117 Terry Dr. SE

City

Cedar Rapids

State

IA

Zip Code

52403

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33567

Amount of Each Receipt this Period

30.00

Bi-Weekly Payroll Deducti-
on - 15

SUBTOTAL of Receipts This Page (optional)

243.48

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 58 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Marionlee J Specter

Mailing Address 5286 Sell Road

City

New Tripoli

State

PA

Zip Code

18066

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

566.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33568

Amount of Each Receipt this Period

54.00

Bi-Weekly Payroll Deducti-
on - 27

B.

Full Name (Last, First, Middle Initial)

Arthur Spencer

Mailing Address 3007 North East 141 St

City

Vancouver

State

WA

Zip Code

98686

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

418.68

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33569

Amount of Each Receipt this Period

46.52

Bi-Weekly Payroll Deducti-
on - 23.26

C.

Full Name (Last, First, Middle Initial)

Mr. Alan Stewart

Mailing Address 571 Dorado Dr

City

Fairborn

State

OH

Zip Code

45324

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Employee Relations Consultant

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33572

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

SUBTOTAL of Receipts This Page (optional)

160.52

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Jane L Stilwell

Mailing Address 2351 S. Rogers

City

Springfield

State

MO

Zip Code

65804

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Mobile Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

925.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33573

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Anthony J Stinson

Mailing Address 3 Lynnefield Court

City

Medford

State

NJ

Zip Code

08055

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33574

Amount of Each Receipt this Period

40.00

Bi-Weekly Payroll Deducti-
on - 20

C.

Full Name (Last, First, Middle Initial)

Sherri L Stoltzfus

Mailing Address 119 East Manor Dr.

City

Lititz

State

PA

Zip Code

17543

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

506.25

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33575

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

SUBTOTAL of Receipts This Page (optional)

175.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 60 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Colette Storck

Mailing Address 28490 Wynyakako Ave

City

Millsboro

State

DE

Zip Code

19966

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, LLC.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

450.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33576

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 30

B.

Full Name (Last, First, Middle Initial)

Cheryl Story

Mailing Address 220 Connors Avenue

City

Lockport

State

IL

Zip Code

60441

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

ADNS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 9 / 2 0 1 0

Transaction ID: SA11AI.33577

Amount of Each Receipt this Period

20.00

Bi-Weekly Payroll Deducti-
on - 10

C.

Full Name (Last, First, Middle Initial)

Ms. Victoria Strom

Mailing Address 2067 Centerville Rd

City

Victoria

State

IL

Zip Code

61485

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

MMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33578

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

SUBTOTAL of Receipts This Page (optional)

125.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Mr. Eric Talbert

Mailing Address 7231 Stonewater Ct

City

Maumee

State

OH

Zip Code

43537

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Div. Director of Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

520.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33581

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

B.

Full Name (Last, First, Middle Initial)

Cyndi K Taplin

Mailing Address 5023 W. 59th St

City

Davenport

State

IA

Zip Code

52806

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Ops

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2019.20

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33582

Amount of Each Receipt this Period

225.00

Bi-Weekly Payroll Deducti-
on - 75

C.

Full Name (Last, First, Middle Initial)

Rami Ubaydi

Mailing Address 6519 Chatham Circle

City

Rochester Hills

State

MI

Zip Code

48306

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1348.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33590

Amount of Each Receipt this Period

171.00

Bi-Weekly Payroll Deducti-
on - 57

SUBTOTAL of Receipts This Page (optional)

456.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Christine E Wade

Mailing Address 1307 Bramblewood

City

Tecumseh

State

MI

Zip Code

49286

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Mgr. Market Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33592

Amount of Each Receipt this Period

45.00

Bi-Weekly Payroll Deducti-
on - 15

B.

Full Name (Last, First, Middle Initial)

Toni Y Williams

Mailing Address 141 Boiling Spring Cir

City

Southern Pines

State

NC

Zip Code

28387

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Admin Dir Of Nursing Serv

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

410.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33594

Amount of Each Receipt this Period

60.00

Bi-Weekly Payroll Deducti-
on - 20

C.

Full Name (Last, First, Middle Initial)

Mark A Wilson

Mailing Address 140 Packet Drive

City

Charles Town

State

WV

Zip Code

25414

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Regional Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33595

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

SUBTOTAL of Receipts This Page (optional)

180.00

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 63 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Ms Sherriann Wood

Mailing Address 5 Aberfield Lane

City

Miamisburg

State

OH

Zip Code

45342

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare, Inc.

Occupation

RDO - Central Division Region 2

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1023.34

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33596

Amount of Each Receipt this Period

75.00

Bi-Weekly Payroll Deducti-
on - 25

B.

Full Name (Last, First, Middle Initial)

Julie A Yoxthimer

Mailing Address 249 E Pearl St

City

Findlay

State

OH

Zip Code

45840

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Sr Reimbursement Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

264.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33598

Amount of Each Receipt this Period

24.00

Bi-Weekly Payroll Deducti-
on - 8

C.

Full Name (Last, First, Middle Initial)

Cynthia M Zalewski

Mailing Address 3845 Drummond Rd

City

Toledo

State

OH

Zip Code

43613

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR ManorCare Inc.

Occupation

Senior Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1086.92

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33600

Amount of Each Receipt this Period

126.93

Bi-Weekly Payroll Deducti-
on - 42.31

SUBTOTAL of Receipts This Page (optional)

225.93

TOTAL This Period (last page this line number only)

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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FOR LINE NUMBER: PAGE 64 / 65

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)

Daniel A Zawadzki

Mailing Address 18910 Mallard Cove

City

Middleburg Heights

State

OH

Zip Code

44130

FEC ID number of contributing
federal political committee.

C

Name of Employer
HCR Manor Care, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

384.00

Date of Receipt

M M / D D / Y Y Y Y
1 2 / 2 2 / 2 0 1 0

Transaction ID: SA11AI.33601

Amount of Each Receipt this Period

48.00

Bi-Weekly Payroll Deducti-
on - 16

SUBTOTAL of Receipts This Page (optional)

48.00

TOTAL This Period (last page this line number only)

16853.76

SCHEDULE B (FEC Form 3X) **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
HCR Manor Care PAC

A.

Full Name (Last, First, Middle Initial)
The Huntington National Bank

Mailing Address P.O. Box 5065

City Cleveland State OH Zip Code 44101-0065

Purpose of Disbursement
Service Fees

Candidate Name

Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: SB21B.33609

Date of Disbursement

/ /

Amount of Each Disbursement this Period

1.60

SUBTOTAL of Disbursements This Page (optional)

1.60

TOTAL This Period (last page this line number only)

1.60